

SOII PDF Form

Survey of Occupational Injuries and Illnesses, 2012



YOUR RESPONSE HELPS KEEP AMERICA'S WORKPLACES SAFE.

Refer to the 2012 SOII survey instructions you received in the mail.

Enter your 12-digit Establishment ID and e-mail.

Your Establishment ID can be found on the front left side of the survey instructions you received and will be similar to this:

*Establishment ID: - -

*E-Mail:

*Required to use this form.

ALABAMA DEPT OF LABOR
PO BOX 123456
MONTGOMERY, AL 12345

Establishment ID:
01-123456789-1

Report For:

PRIMARY COMPANY NAME
{SECONDARY COMPANY NAME}
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE ZIP-PLUS+4
|||||

Enter your company name and mailing address.

Company Name:

Street Address 1:

Street Address 2:

City:

State:

ZIP: -

Enter your contact information.

Name:

Title:

Phone: - -

We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045
BLS-9300 N06

Section 1: Establishment Information

Instructions: Using your completed Calendar Year 2012 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the establishment information into the boxes. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, provide estimates by following the instructions on the next page.

- Enter the annual average number of employees for 2012 (numbers only).
- Enter the total hours worked by all employees for 2012 (numbers only).
- Check any conditions that might have affected your answers to questions 1 and 2 above during 2012.

<input type="checkbox"/> Strike or lockout	<input type="checkbox"/> Shorter work schedules or fewer pay periods than usual
<input type="checkbox"/> Shutdown or layoff	<input type="checkbox"/> Longer work schedules or more pay periods than usual
<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Other reason: <input type="text"/>
<input type="checkbox"/> Natural disaster or adverse weather conditions	<input type="checkbox"/> Nothing unusual happened to affect our employment or hours figures
- Did you have ANY work-related injuries or illnesses during 2012?
 - Yes. Go to Section 2: Summary of Work-Related Injuries and Illnesses, 2012, directly below.
 - No. Go to Section 4: Submit Your Data to the Bureau of Labor Statistics (BLS).

Section 2: Summary of Work-Related Injuries and Illnesses, 2012

Instructions:

- Refer to the OSHA Forms for Recording Work-Related Injuries and Illnesses for the location referenced on the survey instruction sheet under "Report for."
- If more than one establishment is noted on the survey instruction sheet you received in the mail, please provide information for all of the establishments specified.
- If any total is zero on your OSHA Form 300A, enter "0" in that total's space below.
- The total Number of Cases recorded in G + H + I + J must equal the total Injury and Illness Types recorded in M (1 + 2 + 3 + 4 + 5 + 6).

Number of Cases

Total number of deaths <input type="text"/> (G)	Total number of cases with days away from work <input type="text"/> (H)	Total number of cases with job transfer or restriction <input type="text"/> (I)	Total number of other recordable cases <input type="text"/> (J)
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Number of Days

Total number of days away from work <input type="text"/> (K)	Total number of days of job transfer or restriction <input type="text"/> (L)
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Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<input type="text"/>	(4) Poisonings	<input type="text"/>
(2) Skin disorders	<input type="text"/>	(5) Hearing loss	<input type="text"/>
(3) Respiratory conditions	<input type="text"/>	(6) All other illnesses	<input type="text"/>

If you had any work-related deaths in 2012, please tell us in the Comments in Section 4 of this survey where you assigned/classified each death within the list of items (M1) through (M6) provided under Injury/Illness Types above (e.g., "fatal case was due to injury resulting from fall" or "death resulted from respiratory conditions")

Steps to estimate annual average number of employees for 2012:

Step 1: Calculate the Total Number of Employees
Determine the number of paid employees in each pay period. Count full-time, part-time, temporary, seasonal, salaried, and hourly workers. Sum the number of employees for all pay periods (See example 1).

Example 1:
Acme Construction paid its employees in 12 pay periods during 2012:

<u>Pay Period</u>	<u>Number of Employees Paid</u> <u>Per Pay Period</u>
1	30
2	0
3	35
4	37
5	37
6	40
7	43
8	42
9	37
10	35
11	30
12	<u>+26</u>
	392 (total number of employees paid over all pay periods)

Step 2: Calculate the Average Annual Employees
Divide the total number of employees from Step 1 by the number of pay periods. Round the result to the next highest number.
(See examples 2 and 3)

Example 2:
Acme Construction had 12 pay periods and paid a total of 392 employees during these pay periods.

392 divided by 12 = 32.67

Example 3:
Acme would round 32.67 to 33.

Steps to estimate total hours worked by all employees for 2012:

Step 1: Determine the number of full-time employees.
(See example 1)

Example 1:
Of Acme's 33 employees in 2012, 28 were full-time.

Step 2: Determine the number of hours generally worked by full-time employees for a year. Exclude:

- Vacation
- Sick leave
- Holiday and any non-work time

Example 2:
Each of Acme's 28 full-time employees worked an average of 2,000 hours per year after excluding vacation, sick leave, holidays, and other non-work time. This works out to 40 hours per week for 50 weeks of the year.

Step 3: Multiply the number of full-time employees by the number of hours generally worked.
(See example 2)

Step 4: Determine the number of overtime worked by full-time employees.

28 full-time employees
X 2,000 hours per year
56,000 total full-time hours

Step 5: Determine the number of hours worked by non full-time employees. Include:

- Part-time workers
- Seasonal workers
- Temporary workers

Example 3:
Acme's 28 full-time employees worked a total of 2,800 hours of overtime during 2012 and 56,000 regular hours. Acme's 5 part-time employees worked a total of 2,715 hours during 2012.

Step 6: Estimate Total Hours worked
- Add the number of full-time worker hours, overtime hours, and the part-time worker hours to calculate the estimated number of hours worked for all employees.
(See example 3)

56,000 full-time hours from step 2
2,800 overtime hours
± 2,715 part-time hours
61,515 total hours worked

Section 3: Reporting Cases with Days Away from Work

Instructions:

Please refer to your records of days away from work cases to complete this section. If you maintain these records on the OSHA Form 300, *Log of Work-Related Injuries and Illnesses*, these cases will be indicated by checks in Column H (see sample below).

If you had cases with days away from work in Column H, please complete Section 3 (starting on the next page). You should only report cases with days away from work.

If you had **NO** cases with days away from work in Column H, you are finished with the survey. Proceed to Section 4 to submit your data to BLS.

OSHA's Form 300 (Rev. 10/2008)
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to workplace safety and health. It is intended for use by the Bureau of Labor Statistics (BLS) for the purpose of collecting data on workplace safety and health. It is not to be used for any other purpose.

Year 20__

OSHA's Form 300 (Rev. 10/2008)
Log of Work-Related Injuries and Illnesses

Identify the person

Employee's name	Date of injury or illness	Where the incident occurred (e.g., loading dock, work area)	Description of injury or illness, including body part affected, and approximate date directly related to work process (e.g., second degree burn, right forearm from cordless tool)	Classify the case			Days Away from Work	Job Transfer or Restriction	Medical Treatment	Other Losses (e.g., death, permanent disability)
				Days Away from Work	Job Transfer or Restriction	Medical Treatment				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the "Days Away from Work" column

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We have designed this survey so that you should not have to report more than approximately 15 cases. If you have more than 15 cases, please contact the state agency at the phone number listed on the front of the survey instructions you received in the mail.

- Step 1:** Fill out one "Case with Days Away from Work" form for each work-related injury or illness resulting in days away from work. The requested information can be found on documents such as:
 - The *Injury and Illness Incident Report* (OSHA Form 301);
 - A worker's compensation report;
 - An accident report; or
 - An insurance form.
- Step 2:** If more than one establishment is noted on the survey instructions under "Report For," be sure to look at all your OSHA Form 300's to find which cases to report.
- Step 3:** If you had an injury or illness that resulted in death, please include a comment in the comment field in Section 4.
- Step 4:** When you are finished, proceed to Section 4 to submit your data to BLS.

Case with Days Away from Work

Tell us about a 2012 work-related injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Section 3: Reporting Cases with Days Away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D)	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
<input type="text"/>	<input type="text"/>	MM <input type="text"/> DD <input type="text"/> 2012	<input type="text"/>	<input type="text"/>

Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- | | |
|--|---|
| <input type="radio"/> Office, professional, business or management staff | <input type="radio"/> Healthcare |
| <input type="radio"/> Sales | <input type="radio"/> Delivery or driving |
| <input type="radio"/> Product assembly, product manufacture | <input type="radio"/> Food service |
| <input type="radio"/> Repair, installation or service of machines, equipment | <input type="radio"/> Cleaning, maintenance of building, grounds |
| <input type="radio"/> Construction | <input type="radio"/> Material handling (e.g. stocking, loading/unloading, moving etc.) |
| <input type="radio"/> Other <input type="text"/> | <input type="radio"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Not available |
| <input type="checkbox"/> Hispanic or Latino | |

3. Employee's age:

OR date of birth: MM DD YYYY

4. Employee's date hired: MM DD YYYY

OR check length of service at establishment when incident occurred:

- Less than 3 months
 From 3 to 11 months
 From 1 to 5 years
 More than 5 years

5. Employee's gender:

- Male Female

6. Was employee treated in an emergency room?

- Yes No

7. Was employee hospitalized overnight as an in-patient?

- Yes No

Tell us about the Incident

8. Time employee began work: hh : mm AM PM

9. Time of event: hh : mm AM PM Check if time cannot be determined

Event occurred: before during after work shift

10. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

11. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

12. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

13. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Add New Case

Remove Case

Section 4: Submit Your Data to BLS

1. **Comment**

Provide any additional information you have on the data you are submitting in the space provided. If you had an injury or illness that resulted in death, please tell us what injury/illness type you classified it as in Section 2. (250 character limit)

2. **Save**

Save a copy of this form for your records.

3. **Print**

Print a copy of this form for your records.

4. **Submit**

Click the Submit button to send your data to BLS.

You will receive a confirmation via e-mail within 24 hours of your data being received. If you have JavaScript enabled in your browser, you may also receive a confirmation message within the next 5 minutes when we receive your data.

5. **Keep the confirmation**

You will receive an e-mail confirmation from fdc.helpdesk@bls.gov within 24 hours.

Keep a copy of the confirmation for your records.

If you do not receive an e-mail confirmation, contact your State at the phone number listed on the front of your survey instructions for assistance in submitting your data.

Thank you for your response and for helping to keep America's workplaces safe.